Parental Permission for student participation in

**KINGSPOINT CHRISTIAN SCHOOL**

 Athletic Program

Student Name: Birthdate: Grade:

Address:

Home phone: Student Cell: Student Email:

Father: Cell: Email:

Mother: Cell: Email:

Emergency Contact: Relationship to student:

 Home phone: Cell phone:

I have accident/medical insurance, which covers my child when involved in inter-scholastic activities.

 Insurance Company: Policy #:

I understand that my child will be expected to complete training and conditioning drills in preparation for competitive situations. He/she will be responsible to clean and return the uniform assigned to them. Students not returning their assigned equipment/uniform at the end of the season will be charged a replacement fee.

For mutual protection, I have had my child physically examined by a physician and have provided this documentation to the school.

I UNDERSTAND THAT PARTICIPATION IN ATHLETICS MAY INVOLVE AN ELEMENT OF RISK AND I AGREE TO HOLD KINGSPOINT CHRISTIAN SCHOOL HARMLESS AGAINST ALL CLAIMS, LOSS, OR LIABILITY.

Parent/Guardian Signature: Date:

KINGSPOINT CHRISTIAN SCHOOL

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all** **concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**Symptoms may include one or more of the following:**

|  |  |
| --- | --- |
| * Headaches
* “Pressure in head”
* Nausea or vomiting
* Neck pain
* Balance problems or dizziness
* Blurred, double, or fuzzy vision
* Sensitivity to light or noise
* Feeling sluggish or slowed down
* Feeling foggy or groggy
* Drowsiness
* Change in sleep patterns
 | * Amnesia
* “Don’t feel right”
* Fatigue or low energy
* Sadness
* Nervousness or anxiety
* Irritability
* More emotional
* Confusion
* Concentration or memory problems (forgetting game plays)
* Repeating the same question/comment
 |

**Signs observed by teammates, parents and coaches include:**

|  |
| --- |
| * Appears dazed
* Vacant facial expression
* Confused about assignment
* Forgets plays
* Is unsure of game, score, or opponent
* Moves clumsily or displays incoordination
* Answers questions slowly
* Slurred speech
* Shows behavior or personality changes
* Can’t recall events prior to hit
* Can’t recall events after hit
* Seizures or convulsions
* Any change in typical behavior or personality
* Loses consciousness
 |

Adapted from the CDC and the 3rd International Conference on Concussion in Sport

Document created 6/15/2009

KINGSPOINT CHRISTIAN SCHOOL

Concussion Information Sheet

**What can happen if my child keeps on playing with a concussion or returns to soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time”

and

“…may not return to play until the athlete is evaluated by a licensed heath care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child’s coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

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Student-athlete Name Printed Student-athlete Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian Printed Parent or Legal Guardian Signature

Adapted from the CDC and the 3rd International Conference on Concussion in Sport

Document created 6/15/2009

**BASKETBALL SAFETY GUIDELINES**

**– Kingspoint Christian School**

This school strives to protect each student from possible injury while engaging in school activities. The guide-lines and/or practices identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach.

Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach.

Guidelines are as follows:

1. Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly-fitted or defective equipment.
2. Advise the coach if you are ill or have any prolonged symptoms of illness.
3. Advise the Coach if you have been injured.
4. Engage in warm-up activities prior to strenuous participation.
5. Be alert for an physical hazards in the locker room or in or around the participation area. Advise coach of any hazard.
6. Recognize the possible danger from such actions as "undercutting" player, hanging on the basket, throwing a "wild" pass.
7. Be aware of court surroundings, i.e., obstacles, projections, bleachers, standards, etc.

The above information has been explained to me and I understand the list of rules and procedures: I also understand the necessity of using the proper techniques while participating in the basketball program.

In consideration of the school(s) permitting my child/ward to try out for the School basketball team and to engage in all activities related to the team, including, but not limited to, trying out, practicing or competing in basketball, I hereby assume all the risks normally associated with basketball and agree to hold Kingspoint Christian School, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of every kind and nature whatsoever which may arise from such risks. The terms hereof shall serve as a release for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I am aware that basketball is a **HIGH RISK SPORT** and that practicing or competing in basketball will be a dangerous and unpredictable activity involving ***MANY RISKS OF INJURY***. I understand that the dangers and risks of practicing and competing in basketball include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of my body, general health and well-being. I understand that the dangers and risks of practicing or competing in basketball may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

We agree that neither the school, nor the staff of the school, nor the student organization of the school shall in any way be held liable for any accident or injury in anyway received on account of or while engaged in any athletic activity sponsored by the school. We further agree that neither the school nor any of their staff or student organizations shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries.

**BASKETBALL SAFETY GUIDELINES**

**– Kingspoint Christian School**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student). I have read the above warning and release and understand its terms. I understand that basketball is a ***HIGH RISK SPORT*** involving many ***RISKS OF INJURY***, including but not limited to those risks outlined above.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

Athlete's Signature Date

Parent's/Guardian's Signature Date

**PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION**

**This form is not required as long as the conditions of 18.13.0 are met.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name:  |  | Birth Date:  |  | Exam Date: |  |
| Address: |  | City: |  | Zip: |  |
| Phone:  |  |  | Sport: |  |  |

**HISTORY**

 Yes No

1 a. [ ]  [ ]  Have you had any illness/injury recently, or do you have an illness/injury now?

 b. [ ]  [ ]  Have you had a medical problem, illness or injury since your last exam?

 c. [ ]  [ ]  Do you have any chronic or recurrent illness?

 d. [ ]  [ ]  Have you ever had any illness lasting more than a week?

 e. [ ]  [ ]  Have you ever been hospitalized overnight?

 f. [ ]  [ ]  Have you had any surgery other than tonsillectomy?

 g. [ ]  [ ]  Have you ever had any injuries requiring treatment by a physician?

 h. [ ]  [ ]  Do you have any organ missing other than tonsils (appendix, eye, kidney, testicle, etc.)?

2. [ ]  [ ]  Are you presently taking ANY medications (including birth control pill, vitamin, aspirin, etc.)?

3. [ ]  [ ]  Do you have ANY allergies (medicines, bees, foods, or other factors)?

4 a. [ ]  [ ]  Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?

 b. [ ]  [ ]  Do you tire more easily or quickly than your friends during exercise?

 c. [ ]  [ ]  Have you ever had any problem with your blood pressure or your heart?

 d. [ ]  [ ]  Have any close relatives had heart problems, heart attack or sudden death before they were age 50?

5. [ ]  [ ]  Do you have any skin problems (acne, itching, rashes, etc.)?

6 a. [ ]  [ ]  Have you ever had fainting, convulsions, seizures or severe dizziness?

 b. [ ]  [ ]  Do you have frequent severe headaches?

 c. [ ]  [ ]  Have you ever had a “stinger” or “burner” or “pinched nerve”?

 d. [ ]  [ ]  Have you ever been “knocked out” or “passed out”?

 e. [ ]  [ ]  Have you ever had a neck or head injury?

7. [ ]  [ ]  Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems?

8. [ ]  [ ]  Have you had asthma, or trouble breathing, or cough during or after exercise?

9 a. [ ]  [ ]  Do you wear eyeglasses, contact lenses or protective eye wear?

 b. [ ]  [ ]  Have you had any problem with your eyes or vision?

10. [ ]  [ ]  Do you wear any dental appliance such as braces, bridge, plate, and retainer?

11 a. [ ]  [ ]  Have you ever had a knee injury?

 b. [ ]  [ ]  Have you ever had an ankle injury?

 c. [ ]  [ ]  Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?

 d. [ ]  [ ]  Have you ever had a broken bone (fracture)?

 e. [ ]  [ ]  Have you ever had a cast, splint, or had to use crutches?

 f. [ ]  [ ]  Must you use special equipment for competition (pads, braces, neck roll, etc.)?

12. [ ]  [ ]  Has it been more than 5 years since your last tetanus booster shot?

13. [ ]  [ ]  Are you worried about your weight?

14. [ ]  [ ]  FEMALES: Have you any menstrual problems?

15. [ ]  [ ]  Have you any medical concerns about participating in your sport?

**\*\*\*\*\*** ATHLETE SHOULD NOT WRITE BELOW THIS LINE **\*\*\*\*\***

EXAMINER’S COMMENTS ON ALL “YES” ANSWERS (refer to question number):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICAL EXAMINATION**

 Optional

|  |  |
| --- | --- |
| Age:\_\_\_\_\_\_\_\_\_\_\_\_ Pulse:\_\_\_\_\_\_\_\_\_\_\_\_ | Urinalysis: |
|  |  |
| Height:\_\_\_\_\_\_\_\_\_\_\_\_ Blood Pressure:\_\_\_\_\_\_\_\_\_\_\_\_ | Body Fat % |
|  |  |
| Weight:\_\_\_\_\_\_\_\_\_\_\_\_ Visual Acuity: Left 20/\_\_\_\_\_\_\_ | HCT: |
|  Right 20/ \_\_\_\_\_\_\_ |  |
|  | EST VO2 Max: |
|  |  |
|  | Audiometry: |
|  |  |

|  |  |
| --- | --- |
| Normal Abnormal |  |
| [ ]  1. Head [ ]  |  |
| [ ]  2. Eyes (pupils), ENT [ ]  |  |
| [ ]  3. Teeth [ ]  |  |
| [ ]  4. Chest [ ]  |  |
| [ ]  5. Lungs [ ]  |  |
| [ ]  6. Heart [ ]  |  |
| [ ]  7. Abdomen [ ]  |  |
| [ ]  8. Genitalia [ ]  |  |
| [ ]  9. Neurologic [ ]  |  |
| [ ]  10. Skin [ ]  |  |
| [ ]  11. Physical Maturity [ ]  |  |
| [ ]  12. Spine, Back [ ]  |  |
| [ ]  13. Shoulders, Upper extremities [ ]  |  |
| [ ]  14. Lower extremities [ ]  |  |

Assessment: [ ]  Full participation

 [ ]  Limited participation (describe limitations, restrictions):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Participation contraindicated (list reasons):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommendations (equipment, taping, rehabilitation, etc.):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| DATE: |  | EXAMINER’S SIGNATURE: |  |
| EXAMINER’S PHONE: |  | PRINT EXAMINER’S NAME: |  |